



ASAR

Australian Sonographer
Accreditation Registry

Form 4-3d

ASAR return to clinical practice supervisor assessment form Cardiac





As a requirement of your Return to Clinical Practice, you must complete a **transition period of 3 months** during which time you will be eligible to be listed on the Australian Sonographer Accreditation Registry (ASAR) as a Category 2P Provisional Student Sonographer (ASS). To be eligible to become listed as an Accredited Medical Sonographer (AMS), you must successfully complete an assessment of your clinical skills and competence.

You are required to have a Clinical Supervisor who would be available to assist and advise your clinical practice whenever required. Your supervisor is also required to complete a report with regard to the competence of your sonography practice on the basis of their assessment of your clinical skills in a range of examinations.

You may opt to complete this assessment at any time within the three-month period. Upon successful completion of the clinical assessment process, you will be eligible to be placed on the Register as an AMS.

If you are unsuccessful in your clinical assessment you may remain on the ASS Register and complete an ASAR approved Return to Clinical Practice program and clinical assessment within 12 months of your original application. If you are successful you would then become eligible for entry as on the Register as an AMS. If you are unsuccessful you may return to the Register under Category 2A ASS, requiring you to complete an ASAR accredited qualification.

Eligibility for Category 2P

It is the responsibility of the candidate to ensure that they have a suitably qualified supervisor who is prepared to supervise them and support their clinical activities during the period of the assessment. Candidates will be required to discuss the supervision requirements with their proposed supervisor (as set out below) and submit a signed supervisor consent form to ASAR to be approved for Category 2P.

Clinical supervision requirements

Category 2P sonographers performing ultrasound examinations must have access to appropriate support, feedback and supervision including, but not limited to: on-site supervision and/or teleradiology and/or internet access and/or telephone support as needed.

Supervision should be by an AMS or medical practitioner, with extensive experience in the field of general ultrasound.

Evaluation

The supervisor is responsible for completing the Return to Clinical Practice assessment form. Therefore, the supervisor has an important responsibility to provide accurate and adequate reports on a candidate's performance. It is to be expected that candidates may not be fully proficient in all areas of their work during the early stages of their return to work. However, the aim of the assessment process is to insure that the candidate has the necessary skills and competence to be an AMS. Candidates who are unsuccessful in their assessment will be required to undertake a short Return to Clinical Practice course approved by the ASAR. If any anxieties or problems arise, it is recommended that ASAR be contacted.

Submission of Supervisor Assessment Report

The Supervisor is encouraged to discuss this report with the candidate. The candidates are then required to sign the report and may add their own comments in the space provided. When filling out the form, the supervisor should refer to the Grading Scale information and Competency Checklist guidelines.

The completed form should be submitted to: ASAR Secretariat, GPO Box 7109 Sydney NSW 2001

Candidates should also include a completed AMS Application form. Successful candidates will be notified of their AMS status within 21 days of receipt of the Return to Clinical Practice Assessment Form.



Grading Scale

Assessment Categories should be graded on a scale of 1 – 3, where 1 is considered unsatisfactory, 2 is satisfactory (Advanced Beginner Level) and 3 is considered competent.

Demonstration of competence in practical scanning skills is required in a minimum of 4 of the 5 areas. In the fifth area, candidates must be at advanced beginner level, or near competent.

The table below is included to guide you in making your grading decision.

1 Unsatisfactory	2 Satisfactory (Advanced Beginner)	3 Competent
Usually makes some mistakes	Generally free of mistakes	Seldom makes mistakes
Requires regular checking	Requires infrequent checking	Doesn't require checking
Occasionally asks relevant questions	Usually asks relevant questions	Keen, often asks relevant questions
Doesn't seek advice	Usually seeks advice	Frequently seeks advice
Some patient interaction	Interacts well with most patients	Strong patient empathy
Casual with equipment	Occasional misuse of equipment	Good use of equipment
Resists change or variation	Prefers no change or variation	Flexible, adapts well to change
Usually reliable assistant	Dependable assistant	Seeks responsibility
Shows some independence	Shows many independent qualities	Capable of working independently



Return to Clinical Practice Assessment Form

Date of birth

(MM.DD.YY)

Candidate name

ASS Number

Clinical Site

Supervisor's Name

Supervisor's AMS number

Sonography Examination

1

2

3

Comment

2D imaging - Parasternal long axis,
Parasternal short axis, Apical 4/5 chamber,
Apical 2 chamber, Apical 3/long axis, Sub-costal,
Suprasternal

Colour Doppler - aortic valve, mitral valve,
pulmonary valve, tricuspid valve, atrial septal
surveillance, ventricular septum, pulmonary veins,
IVC

Pulsed wave Doppler - aortic valve/LVOT,
mitral valve, pulmonary valve/RVOT, tricuspid valve,
atrial septal surveillance, ventricular septum,
pulmonary vein,+/- hepatic vein

CW Doppler - AS/AR, MS/MR, TR, PEDOF use

LV systolic fn assessment Simpsons bi-plane
RV function assessment

-FAC

-TAPSE/S'

LV diastolic fn assessment- MV
inflow, Pulm vein, Doppler tissue
imaging

Assessment Categories should be graded on a scale of 1 – 3, where 1 is considered unsatisfactory, 2 is satisfactory (Advanced Beginner Level) and 3 is considered competent. Comments are required when a candidate is assessed as unsatisfactory.



Return to Clinical Practice Assessment Form - Continued

Supervisors Comments:

Signature of the Supervisor

NB. Submission of this form via email will count as a digital signature

Date

(DD.MM.YY)

Candidate's Comments:

Signature of the Candidate

NB. Submission of this form via email will count as a digital signature

Date

(DD.MM.YY)



Supervisor's Declaration

I certify that the candidate is clinically competent:

The candidate demonstrated competent practical scanning skills in a minimum of 4 of the 5 areas listed, with near competency or competency achieved in the 5th area.

I am satisfied that has successfully demonstrated an appropriate level of clinical competence and is now eligible for ASAR Accredited Medical Sonographer status.

Name of the Applicant:

Signature of the Applicant:

NB. Submission of this form via email will count as a digital signature

Date:

(DD.MM.YY)

OR

I certify that the candidate is NOT clinically competent at this stage:

The candidate was unable to demonstrate competent practical scanning skills in all areas listed.

I am NOT satisfied that has successfully demonstrated an appropriate level of clinical competence and is now eligible for ASAR Accredited Medical Sonographer status.

Name of the Applicant:

Signature of the Applicant:

NB. Submission of this form via email will count as a digital signature

Date:

(DD.MM.YY)



Competency Checklist Sheet Guidelines

- A Competency Checklist has been included for use by the clinical supervisor.
- Copies may be made of these forms for use in assessing the clinical skills of the candidate.
- They should be used as a means of formative assessment and can be used to provide feedback to the candidate on their performance and skill level.
- These forms are most effective when used regularly (for example fortnightly), and may provide a useful tool for the candidate and supervisor to engage in dialogue.
- Completed forms may be kept as evidence in cases where the candidate is not performing satisfactorily, however,
- It is not necessary to submit these forms to ASAR.

Competency Checklist

Candidate:

Date

(DD.MM.YY)

Examination Performed

Patient History

Please tick as appropriate:

Level of Difficulty:

Easy

Medium

Difficult

Patient size:

Thin

Medium

Obese

Patient cooperation:

Cooperative

Uncooperative

Patient anatomy:

Normal

Some Variation

Major Anomalies

Total Scan Time:



Assessment Categories should be graded on a scale of 1-3, where 1 is considered unsatisfactory, 2 is satisfactory (Advanced Beginner Level) and 3 is considered competent.

General Category	1	2	3	Comment
1. Room prepared prior to examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Patient accurately identified and appropriate introductions made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Correct transducer selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Patient information correctly entered before starting examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Appropriate patient history obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Procedure explained to patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Patient positioned accurately for the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Correct gain and machine settings used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9. Correct focal range(s) and fields of view selected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Images labelled correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11. Correct image planes obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Sufficient images recorded to demonstrate appropriate anatomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Correct use of pre-& post-processing controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Correct sonographic diagnosis/ differentials/ pathology proposed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. All measurements taken accurately and properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



Assessment continued...

General Category	1	2	3	Comment
16. Suitable images recorded and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17. Patient properly released when the examination is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
18. Paper work completed according protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19. Exam completed in a timely fashion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
20. Case discussed with the supervising sonographer / radiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Manually attach form to an email and send to: registry@asar.com.au

→ Send by post to:

The Secretariat
 Australian Sonographer Accreditation Registry Limited
 GPO Box 7109
 Sydney, NSW 2001, Australia